Program B: Patient Services

Program Authorization: Act 91 of 1967; Act 253 of 1972; Act 617 of 1987; and Act 390 of 1991

PROGRAM DESCRIPTION

The mission of the Patient Services Program is to provide direct patient care and ancillary medical services to the residents of the facility.
The goals of the Patient Services Program are:
1. To provide quality health care services to patients through the identification of need and maximizing utilization of existing services.
2. To diversify service delivery by offering medical services to additional users.
The Patient Services Program includes the following activities: Patient Care (Long-Term Care), Physician Services, Nursing Services, Infectious Disease Services, Rehabilitation, Social Services, Pharmacy, Laboratory, X-ray, Cardiology, Respiratory, Recreation, Beauty and Barber, Acute Hospital Unit, and Infectious Disease Unit (TB Unit).

OBJECTIVES AND PERFORMANCE INDICATORS

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2000-2001. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).
The objectives and performance indicators that appear below are associated with program funding in the Base Executive Budget for FY 2000-01. Specific information on program funding is presented in the financial sections that follow performance tables.

1. (KEY) To provide medical services in a cost effective manner to an average daily census of 250 patients.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Average daily census	260	246	256	256	256	250
K	Total clients served	Not applicable [1]	350	Not applicable [2]	343	343	337
K	Cost per client day	$182	$186	$187	$187	$205	$195
K	Occupancy rate	94.5%	89.5%	93.1%	93.1%	93.1%	90.9%
S	Staff to client ratio	1.75	1.75	1.74	1.74	1.72	1.79
S	Average length of stay (in days)	1,695	1,103	1,550	1,550	1,550	1,550

[1] This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.

[2] This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.

GENERAL PERFORMANCE INFORMATION					
PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of staffed beds	280	275	275	275	275
Total number of clients served by Rehabilitation Department	Not available	Not available	Not available	112	124
Number of clients with documented improvement	Not available	Not available	Not available	25	31
Total number of admissions	35	71	72	77	97
Occupancy rate	90.7%	92.4%	94.2%	92	90
Cost per client day	$160.30	$167.34	$168.40	$176.0	$186.0
Average length of stay (in days)	2,207	1,695	1,127	1,511	1,103

RESOURCE ALLOCATION FOR THE PROGRAM

	ACTUAL 1998-1999	ACT 10 1999- 2000	EXISTING 1999- 2000	CONTINUATION 2000 - 2001	RECOMMENDED 2000 - 2001	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	$769,550	$916,513	$916,513	$967,705	$874,479	($42,034)
STATE GENERAL FUND BY:						
Interagency Transfers	9,490,552	9,714,639	9,714,639	10,117,068	10,142,898	428,259
Fees & Self-gen. Revenues	614,640	502,270	502,270	523,087	480,035	(22,235)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	313,514	378,839	419,184	396,210	411,252	(7,932)
TOTAL MEANS OF FINANCING	**$11,188,256**	**$11,512,261**	**$11,552,606**	**$12,004,070**	**$11,908,664**	**$356,058**
EXPENDITURES & REQUEST:						
Salaries	$7,750,632	$7,966,132	$7,966,132	$8,352,775	$8,430,580	$464,448
Other Compensation	107,271	134,000	134,000	134,000	134,000	0
Related Benefits	1,220,971	1,220,691	1,220,691	1,274,186	1,451,635	230,944
Total Operating Expenses	1,551,498	1,436,533	1,436,533	1,471,187	1,069,703	(366,830)
Professional Services	133,307	147,228	147,228	167,324	218,148	70,920
Total Other Charges	410,152	492,715	492,715	492,715	492,715	0
Total Acq. & Major Repairs	14,425	114,962	155,307	111,883	111,883	(43,424)
TOTAL EXPENDITURES AND REQUEST	**$11,188,256**	**$11,512,261**	**$11,552,606**	**$12,004,070**	**$11,908,664**	**$356,058**
AUTHORIZED FULL-TIME EQUIVALENTS: Classified	317	316	316	316	305	(11)
Unclassified	5	5	5	5	5	0
TOTAL	322	321	321	321	310	**(11)**

A supplementary recommendation of $161,584, of Interagency Transfers, is included in the Total Recommended for this program. It represents full funding of the payments from Medical Vendor Payments program for payments to public providers for the Medically Needy Program payable out of revenues generated from a new tax source. This item is contingent upon Revenue Sources in excess of the Official Revenue Estimating Conference Forecast subject to Legislative approval and recognition by the Revenue Estimating Conference.

SOURCE OF FUNDING

The Patient Services Program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Title XVIII Federal Funds (Medicare). Interagency Transfer means of financing represents Title XIX reimbursement for services provided to Medicaid eligible patients received through the Department of Health and Hospitals, Medical Vendor Payments Program. Fees and Self-generated Revenues include: (1) payments from patients for services based on a sliding fee scale; (2) employee meal reimbursement; and (3) miscellaneous income, such as funds received from individuals for copies of patient medical records. Federal Funds are Title XVIII for services provided to medicare eligible patients.

ANALYSIS OF RECOMMENDATION

GENERAL FUND	TOTAL	T.O.	DESCRIPTION
$916,513	**$11,512,261**	**321**	**ACT 10 FISCAL YEAR 1999-2000**
			BA-7 TRANSACTIONS:
$0	$40,345	0	Enter your BA-7 explanation here. Insert as many rows **BELOW** this line as necessary. DO NOT Range Justify, let it wrap.
$916,513	**$11,552,606**	**321**	**EXISTING OPERATING BUDGET – December 3, 1999**
$23,919	$175,518	0	Annualization of FY 1999-2000 Classified State Employees Merit Increase
$23,646	$172,077	0	Classified State Employees Merit Increases for FY 2000-2001
$111,883	$111,883	0	Acquisitions & Major Repairs
($114,962)	($114,962)	0	Non-Recurring Acquisitions & Major Repairs
$0	($40,345)	0	Non-Recurring Carry Forwards for the replacement of hospital beds
$88,528	$981,922	0	Salary Base Adjustment
($51,279)	($646,641)	0	Attrition Adjustment
($115,314)	($287,132)	(11)	Personnel Reductions
($39,353)	($496,259)	0	Salary Funding from Other Line Items
$16,320	$16,320	0	Workload Adjustments - Mandated reviews of clients incompetent to understand the judicial system or not guilty by reason of insanity
$0	$217,948	0	Workload Adjustments - Licensure deficiency to treat patients with repetitive maladjustment behaviors and other inappropriate behaviors associated with their psychiatric disorders
$7,339	$92,543	0	Other Adjustments - Increase in Medical GS (pay grade) levels per Civil Service
$7,239	$173,186	0	Other Technical Adjustments - To realign expenditures transferred from Administration
$0	$0	0	Net Means Of Financing Substitutions - Replace $23,701 of fees and self-generated revenue with federal funds to reflect budgeted amounts
$874,479	**$11,908,664**	**310**	**TOTAL RECOMMENDED**
$0	**($161,584)**	**0**	**LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS**
$874,479	**$11,747,080**	**310**	**BASE EXECUTIVE BUDGET FISCAL YEAR 2000-2001**
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL:
$0	$0	0	None
$0	**$0**	**0**	**TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL**

			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE:
$0	$161,584	0	A supplementary recommendation of $161,584, of Interagency Transfers, is included in the Total Recommended for this program. It represents full funding of the payments from Medical Vendor Payments program for paymens to public providers for the Medically Needy Program payable out of revenues generated from a new tax source. This item is contingent upon revenue sources subject to Legislative approval and recognition by the Revenue Estimating Conference.
$0	**$161,584**	**0**	**TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE**
$874,479	**$11,908,664**	**310**	**GRAND TOTAL RECOMMENDED**

The total means of financing for this program is recommended at 103.1% of the existing operating budget. It represents 90.7% of the total request ($13,123,878) for this program. The major changes reflected in the analysis of recommendation include: full funding has been provided for all 310 recommended positions and an adjustment to reflect an anticipated attrition factor of 6%; a workload adjustment of $217,948 in Interagency Transfer to fund a licensure deficiency to treat patients with maladjustment behaviors; an increase in medical GS levels per Civil Service salaries of $92,543 ($7,339 in State General Fund, $77,819 in Interagency Transfers, $4,026 in Fees and Self-generated Revenue, and $3,359 in Federal Funds); and a technical adjustment to realign expenditures with a transfer of expenses from the Administration Program totaling $173,186 ($7,239 State General Fund, $148,230 Interagency Transfer, $12,210 Fees & Self-generated Revenue, $5,507 Federal Funds).

PROFESSIONAL SERVICES

$7,800	Ophthalmology Medicine services provided on a once per week basis for $150 per visit to treat approximately 500 patients per year
$9,650	Dentistry services provided on a half-day per week basis for $185.50 per visit to treat approximately 300 patients per year
$22,500	Radiological service provided on a once per week basis for $1875 per month - Services are required in order for the X-ray Department to be certified for participation in the Medicare and Medicaid Programs
$71,040	Psychiatric Medicine services provided on a 14 hour per week basis to render treatment to approximately 300 patients
$12,740	Speech Pathology consultant services provided on a 7 hour per week basis to deliver approximately 300 hours of patient treatment
$7,600	Dermatology Medicine services provided for 40 visits per year to treat approximately 200 patients
$15,898	Joint Commission Consultant
$54,600	Professional Services rendered to treat patients with repetitive maladjustment behaviors and other inappropriate behavior associated with their psychiatric disorders
$16,320	Professional services rendered to treat patients that are incompetent to understand the judicial system or not guilty by reason of insanity
$218,148	**TOTAL PROFESSIONAL SERVICES**

OTHER CHARGES

$492,715	Provider Based Fee - Paid to the Department of Health and Hospitals based on the number of occupied beds
$492,715	**TOTAL OTHER CHARGES**

ACQUISITIONS AND MAJOR REPAIRS

$111,883	Recommended level of funding for the replacement and repairs of obsolete, inoperable or damaged equipment and buildings
$111,883	**TOTAL ACQUISITIONS AND MAJOR REPAIRS**